

Central Contractor Registration Form

Please type or print legibly in black ink. Information must be legible for registration to be processed in a timely manner.

This form is to be printed out and faxed or mailed to the fax number or address at the bottom of the form.

(M) = Mandatory field. Data must be entered for registration to be complete.

General Information

DUNS Number¹ (M): _____ CAGE Code² (M) if foreign: _____

Legal Business Name (M): _____

Doing Business As: _____

Tax ID ³ (M): _____ OR Social Security Number: _____

Division Name: _____ Division Number: _____

Corporate Web Page URL (Company website address): _____
Example: <http://www.example.com> or <http://example.com>

Physical Address (M): _____

City (M): _____ State (M): _____

Zip/Postal Code (M): _____ Zip Plus 4 (M) _____ Country (M): _____

Mailing Address (M): ☐ Check if same as physical address

Business Name (M): _____

Mailing Address (PO Box is acceptable)(M): _____

City (M): _____ State (M): _____

Zip/Postal Code (M): _____ Zip Plus 4 (M) _____ Country (M): _____

Business Start Date (M)(mm/dd/yyyy): _____ Number of Employees (M): _____

Fiscal Year Close Date (M) (mm/dd): _____ Annual Revenue (M): _____

Type of Organization (M):

☐ Corporate Entity (Not Tax Exempt) ☐ Corporate Entity (Tax Exempt)

State of Incorporation (M): _____ or Country: _____

☐ Sole Proprietorship

☐ Partnership

☐ U.S. Government Entity

☐ Federal ☐ State ☐ Local

☐ Foreign Government

☐ International Organization

☐ Other

1. Data Universal Numbering System (DUNS)– Call Dun & Bradstreet at 1-866-705-5711 or 1-610-882-7000 if unsure.

2. Commercial and Government Entity (CAGE) Code – If you do not have a CAGE Code, one will be assigned to you, call DLIS – Defense Logistics Information Services at 1-888-352-9333 Option 3 if unsure, or check CAGE search web http://www.dlis.dla.mil/cage_welcome.asp

3. Taxpayer Identification Number (TIN) – Call the IRS at 1-800-829-1040 if unsure. The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701 (c) (3)).

Owner Information (M) if Sole Proprietorship:

Name: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Email: _____

Business Type(s) (M) Check all that apply:

☐ 8(a) Program Participant (also check small business)

☐ American Indian Owned

☐ Hub Zone Business (also check small business)

☐ Minority Owned Business (Must choose one below):

☐ Subcontinent Asian (Asian-Indian) American

☐ Asian-Pacific American

☐ Black American

☐ Hispanic American

☐ Native American

☐ No Representation/None of the above

☐ Large Business

☐ Small Business

☐ Small Disadvantaged Business

(also check small business)

☐ Woman Owned Business

☐ Veteran Owned Business

☐ Service Disabled Veteran Owned

☐ Construction Firm

☐ Educational Institution

☐ Emerging Small Business

☐ Foreign Supplier

☐ Historically Black College/Univ.

☐ Labor Surplus Area Firm

☐ Limited Liability Company

☐ Manufacturer of Goods

☐ Minority Institution

☐ Municipality

☐ Nonprofit Institution

☐ Research Institute

☐ S Corporation

☐ Service Location

☐ Sheltered Workshop (JWOD)

☐ Tribal Government

Party Performing Certification (M) if approved for 8a certification through the Small Business Administration (SBA)

Certifier's Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Goods and Services:

NAICS Codes (M) North American Industrial Classification Code to identify what product or service your business provides (6 digit numeric). Search on

<http://www.census.gov/epcd/www/naicstab.htm>

NAICS Code: _____ NAICS Code: _____ NAICS Code: _____

NAICS Code: _____ NAICS Code: _____ NAICS Code: _____

SIC Codes (M) Standard Industrial Classification Codes identify what type of activity your business performs (4 or 8 digit numeric). Search on <http://www.osha.gov/oshstats/sicser.html>

SIC Code: _____ SIC Code: _____ SIC Code: _____

SIC Code: _____ SIC Code: _____ SIC Code: _____

Financial Information:

Financial Institution Name: _____
(Bank name for Electronic Funds Transfer)

ABA Routing Number **(M)** (9digits): _____

Account Number **(M)**: _____ Must indicate type of account **(M)**
☐ Checking OR ☐ Savings

Lockbox Number: _____

Automated Clearing House (ACH=Bank) **(M)** at least one method of contact must be entered

ACH U.S. Phone Number: _____

ACH Fax (U.S. Only): _____

ACH Non-U.S. Phone: _____

ACH Email: _____

Remittance Address (M): (what is the "Remit to" name and address on your invoice/bill?)

Business Name **(M)**: _____

Address **(M)**: _____

City **(M)**: _____ State **(M)**: _____ Zip/Postal Code **(M)**: _____

Country **(M)**: _____

Accounts Receivable Contact (M):

Name **(M)**: _____

Email **(M)**: _____

U.S. Phone **(M)**: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Do you (the Registrant) use or accept Credit Cards as a method of Purchase or Payment? **(M)**. ☐ Yes ☐ No

Registration Acknowledgement and Point of Contact Information:

Note: The Registrant acknowledges that the information provided is current, accurate, and complete.

CCR Point of Contact (M)

Name: _____

Email: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

CCR Alternate Point of Contact (M)

Name: _____

Email: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Government Business Point of Contact (If name is entered, all fields are mandatory)

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Government Business Point of Contact Alternate (If primary is entered, alternate is mandatory)

☐ Check to use Primary Govt. POC information for Alternate Govt. POC

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Electronic Business Primary Point of Contact (M)

Name (M): _____

Email (M): _____

Address (M): _____

City (M): _____ State (M): _____ Zip Code (M): _____

U.S. Phone (M): _____ Ext. _____

Non U.S. Phone: _____ Ext. _____

Fax (U.S. Only): _____

Electronic Business Alternate Point of Contact (M)

☐ Check to use Primary EB POC information for Alternate EB POC

Name (M): _____

Email (M): _____

Address (M): _____

City (M): _____ State (M): _____ Zip Code (M): _____

U.S. Phone (M): _____ Ext. _____

Non U.S. Phone: _____ Ext. _____

Fax (U.S. Only): _____

Past Performance Primary Point of Contact (If name is entered, all fields are mandatory)

MPIN is Mandatory if entering Past Performance POC

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Past Performance Alternate Point of Contact (If primary is entered, alternate is mandatory)

☐ Check to use Primary Past Perf. POC information for Alternate Past Perf. POC

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Marketing Partner ID (MPIN) _____

Must be 9 alphanumeric, no spaces, no symbols

MPIN is Mandatory if entering Past Performance POC.

The preferred method is to enter your registration directly on the web at www.ccr.gov You may read the CCR Handbook <http://www.ccr.gov/handbook.cfm> for further information.

You may mail or fax the completed registration or use this form as a worksheet and enter your registration on the web yourself:

Department of Defense
Central Contractor Registration
74 Washington Avenue N Ste. 7
Battle Creek, MI 49017-3084

FAX: 269-961-7243

E-mail address CCR@dlis.dla.mil

For registration assistance call 1-888-227-2423 or 1-269-961-4725